

PO 5634/36

PICK UP DATE	CUSTOMER	LD#	CARRIER	APPT TIME	ARRIVAL TIME	DEPT TIME	# HRS DET	COMMENTS
9/9/19	BELKS	4400720	TOTAL TRANSPORT	1:00 PM	12:34 PM	6:31 PM	3:31	PRODUCTION NOT COMPLETE WITH LOAD

Submit Query Submit Query Submit Query


Notes & Discussion Post

Author:	PICK UP DATE	CUSTOMER	LD#	CARRIER	APPT TIME	ARRIVAL TIME	DEPT TIME	# HRS DET	COMMENTS
Select Author: kristal.groover@oalogistics.com Post Date: 9/10/2019 5:24:24 AM	9/9/19	BELKS	4400720	TOTAL TRANSPORT	1:00 PM	12:34 PM	6:31 PM	3:31	PRODUCTION NOT COMPLETE WITH LC
Select Author: kristal.groover@oalogistics.com Post Date: 9/2/2019 5:47:37 AM	8/30/19	BELKS	2114718	EPES	12:30 PM	10:13 PM			DRIVER RAN OUT OF HOURS / DROPPED
	8/31/19	BELKS	2114718	EPES			9:30 AM		LAYOVER / DETENTION DUE TO PRODU
Select Author: kristal.groover@oalogistics.com Post Date: 9/2/2019 5:41:36 AM	8/30/19	BELKS	2114715	EPES	11:00 AM	11:17 AM	8:40 PM	0	DRIVER WAS LATE

Date: 9/16/2019 10:51:02 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757166000452270	
Name: E & E COMPANY LTD		 (402)06757166000452270	
Address: 550 Northport Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: JB Hunt Transport	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 1051	
VENDOR: 9200233		Seal number(s): 2781569	
FOB: <input type="checkbox"/>		SCAC: HJBT	
<b>SHIP TO</b>		Pro Number:	
Name: Belk 0737		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Location #: 0737		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address: 120 Belk Court		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip: Blythewood, SC 29016		(check box) underlying Bills of Lading	
CID#:		Appointment Time	
Dept: 0745		Actual Driver Arrival Time	
FOB: <input type="checkbox"/>		Driver Departure Time	
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		AM PM <i>Preload</i> AM PM AM PM	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Ship ID #2114448			
4400580			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5634136	1649	25483.76	Y N	
<b>Grand Total</b>	1649	25483.76		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1649	ctns			25483.76		Pillows,Valance,Towels	49390	100
1649				25483.76		<b>Grand Total</b>		

SCANNED

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Kay 09.16.19</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Southern 9/16/19</i>
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Date: 9/16/2019 2:16:01 PM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#:  
 PHONE:  
 VENDOR: 9200233      FOB:

Bill of Lading Number: 06757166000452287  
  
 (402)06757166000452287

**SHIP TO**  
 Name: Belk 0737      Location #: 0737  
 Address: 120 Belk Court  
 0737  
 City/State/Zip: Blythewood, SC 29016  
 CID#:  
 Dept: 0745      FOB:

**CARRIER NAME:** JB Hunt Transport  
 Responsible Acct.No:  
 Trailer number: 1078  
 Seal number(s): 2774093

**SCAC:** HJBT  
**Pro Number:**

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
**Prepaid:**      **Collect:** X      **3rd Party:**

Master Bill of Lading: with attached underlying Bills of Lading  
 (check box)

**SPECIAL INSTRUCTIONS:**  
 Ship ID #2114454  
 4400586

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM Preload PM	AM Preload PM	AM Preload PM

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5634136	1658	25432.83	Y N	
<b>Grand Total</b>	1658	25432.83		

**CARRIER INFORMATION**

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1658	ctns		25432.83		Pillows,Valance,Towels	49390	100
1658			25432.83		<b>Grand Total</b>		

SCANNED

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**COD Amount:** \_\_\_\_\_  
**Fee Terms:**      **Collect:**       **Prepaid:**   
**Customer check acceptable:**

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  
 \_\_\_\_\_  
**Shipper Signature**


**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  
 [Signature] 09/16/19

**Trailer Loaded:**      **Freight Counted:**  
 By Shipper       By Shipper  
 By Driver       By Driver/pallets said to contain  
 By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  
 [Signature] 09/16/19

Date: 9/16/2019 10:47:52 AM

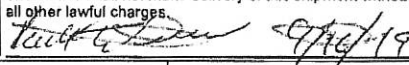
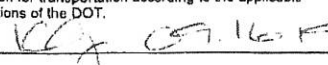
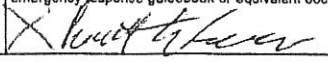
# Bill Of Lading

SHIP FROM		SHIP TO		THIRD PARTY/FREIGHT CHARGES BILL TO:									
<b>Name:</b> E & E COMPANY LTD <b>Address:</b> 550 Northport Pkwy <b>City/State/Zip:</b> Port Wentworth, GA 31407 <b>SID#:</b> <b>PHONE:</b> <b>VENDOR:</b> 9200233 <b>FOB:</b> <input type="checkbox"/>		<b>Name:</b> Belk 0737 <b>Location #:</b> 0737 <b>Address:</b> 120 Belk Court <b>City/State/Zip:</b> Blythewood, SC 29016 <b>CID#:</b> <b>Dept:</b> 0745 <b>FOB:</b> <input type="checkbox"/>		<b>Name:</b> <b>Address:</b> <b>City/State/Zip:</b> <b>SPECIAL INSTRUCTIONS:</b> Ship ID #2114465 4400597									
		<b>Bill of Lading Number:</b> 06757166000452263  (402)06757166000452263		<b>CARRIER NAME:</b> JB Hunt Transport <b>Responsible Acct.No:</b> <b>Trailer number:</b> 1273 <b>Seal number(s):</b> 2200647 <b>SCAC:</b> HJBT <b>Pro Number:</b>									
		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) <b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> X <b>3rd Party:</b> <input type="checkbox"/> <input type="checkbox"/> (check box) <b>Master Bill of Lading:</b> with attached underlying Bills of Lading		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Appointment Time</th> <th style="width:25%;">Actual Driver Arrival Time</th> <th style="width:25%;">Driver Departure Time</th> <th style="width:25%;"></th> </tr> <tr> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time		AM PM	AM PM	AM PM	AM PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time											
AM PM	AM PM	AM PM	AM PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5634136	1021	15989.48	Y N	
<b>Grand Total</b>	1021	15989.48		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1021	ctns			15989.48		Pillows,Valance,Towels	49390	100
1021				15989.48		<b>Grand Total</b>		

SCALE


<p>Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:          *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>	<p><b>COD Amount:</b> _____  <b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/>  <b>Customer check acceptable:</b> <input type="checkbox"/></p>		
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b></p>			
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.   9/16/19 <b>Shipper Signature</b></p>		
<p><b>SHIPPER SIGNATURE / DATE</b>  <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>   9/16/19</p>	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"> <b>Trailer Loaded:</b>  <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver         </td> <td style="width:50%;"> <b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces         </td> </tr> </table>	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
<p><b>CARRIER SIGNATURE / PICKUP DATE</b>  <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>   9/16/19</p>			

CB1902861

Date: 9/17/2019 11:53:25 AM

Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757166000452294	
Name:	E & E COMPANY LTD	 (402)06757166000452294	
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:		CARRIER NAME: JB Hunt Transport	
VENDOR:	9200233	Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 1127	
Name:	Belk 0737	Seal number(s): 2781596	
Address:	120 Belk Court	SCAC: HJBT	
City/State/Zip:	Blythewood, SC 29016	Pro Number:	
CID#:			
Dept:	0745		
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Ship ID #2114453 4400585		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5634136	1637	25540.12	Y N	
<b>Grand Total</b>	<b>1637</b>	<b>25540.12</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1637	ctns			25540.12		Pillows, Valance, Towels	49390	100
1637				25540.12		<b>Grand Total</b>		


SCANNED

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. [Signature] 09.17.19	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. [Signature] 9-17-19

Date: 9/17/2019 10:47:44 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Belk 0737
Address:	550 Northport Pkwy	Address:	120 Belk Court
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	Blythewood, SC 29016
SID#:		CID#:	
PHONE:		Dept:	0745
VENDOR:	9200233	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757166000452225		Trailer number: 1034	
		Seal number(s): 2781599	
(402)06757166000452225		SCAC: HJBT	
CARRIER NAME: JB Hunt Transport		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party:	
Appointment Time		Master Bill of Lading: with attached underlying Bills of Lading	
Actual Driver Arrival Time		Driver Departure Time	
AM		AM	
PM		PM	
SPECIAL INSTRUCTIONS: Ship ID #2114462 4400594			

## CUSTOMER/ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5634136	1663	25370.79	Y N	
<b>Grand Total</b>	<b>1663</b>	<b>25370.79</b>		

## CARRIER INFORMATION

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(s) of NMFC Item 360</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1663		ctns	25370.79		Pillows,Valance,Towels	49390	100
1663			25370.79		<b>Grand Total</b>		

SCANNED

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
\*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature \_\_\_\_\_

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

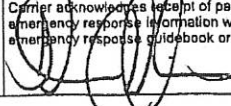
 By Shipper  
 By Driver

Freight Counted:

 By Shipper  
 By Driver/pallets said to contain  
 By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

 9-17-19